



Docket No.: WO-BSX 233

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Maria Palasis

Application No.: 10/623,205

Confirmation No.: 2843

Filed: July 18, 2003

Art Unit: 1651

For: CELL THERAPY FOR REGENERATION

Examiner: V. AFREMOVA

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

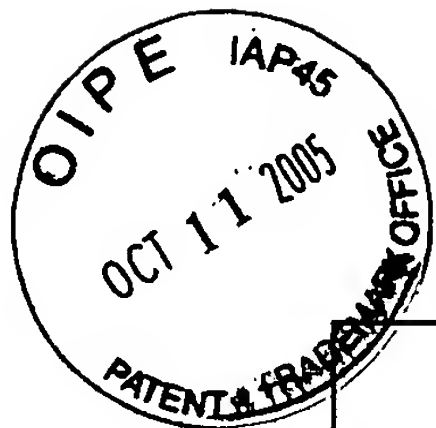
MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Dear Sir:

INTRODUCTORY COMMENTS


In response to the Office Action dated June 13, 2005, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



DRW
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AMENDMENT TRANSMITTAL LETTER				Docket No. WO-BSX 233	
Application No. 10/623,205		Filing Date July 18, 2003		Examiner V. Afremova	
				Art Unit 1651	
Applicant(s): Maria Palasis					
Invention: CELL THERAPY FOR REGENERATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	45	- 45 =	0	x	
Independent Claims	3	- 3 =	0	x	
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	
Other fee (please specify): Extension of time request					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0624 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mary Anne Schofield Attorney Reg. No.: 36,669				Date: October 11, 2005	
FULBRIGHT & JAWORSKI L.L.P. 801 Pennsylvania Av., NW Washington, DC 20004-2623 (202) 662-0200 (202) 662-4643 (Fax)					